

"Express Mail" mailing label number EV530260691US

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<small>0010/PTO Rev. 6/95</small>	<small>U.S. Department of Commerce Patent and Trademark Office</small>	Attorney Docket Number C 2809 PCT/US	First Named Inventor ANSMANN, Achim	
<h2>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>		COMPLETE IF KNOWN		
		Application Number		
		Filing Date		
		Group Art Unit		
		Examiner Name		

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)
of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMOLLIENT MIXTURE AND USE THEREOF AS A MINERAL OIL SUBSTITUTE

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 03/11/2004 as United States Application Number or PCT International
Application Number PCT/EP2004/002495 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any
amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's
certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below
and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application
having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
103 12 352.0	Germany	03/20/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box + ☐

C 2809 PCT/US

DECLARATION	Page 2
--------------------	---------------

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/002495	03/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name	Registration Number	

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Achim	Middle Initial		Family Name	ANSMANN
Inventor's Signature				Date	
Residence: City	Erkrath	State		Country	Germany
Post Office Address	Kirchberg 25				
Post Office Address					
City	40699 Erkrath	State		Zip	
Country	Germany	Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Type a plus sign (+) inside this box + ☐

C 2809 PCT/US

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Bettina	Middle Initial		Family Name	JACKWERTH	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City		Langenfeld	State		Country		Germany		
Post Office Address		Brunnenstrasse 33b							
Post Office Address									
City		40764 Langenfeld	State		Zip				
				Country		Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Gary	Middle Initial		Family Name	DEE	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City		Blue Bell	State	PA	Country		USA		
Post Office Address		1749 Hallmann Drive							
Post Office Address									
City		Blue Bell	State	PA	Zip		19422		
				Country		USA		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Stefan	Middle Initial		Family Name	BRUENING	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City		Philadelphia	State	PA	Country		USA		
Post Office Address		32 East Springfield Avenue							
Post Office Address									
City		Philadelphia	State	PA	Zip		19118		
				Country		USA		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City			State		Country				
Post Office Address									
Post Office Address									
City			State		Zip				
				Country				Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									